December 19, 2003

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-	$\langle \bigcirc \rangle$	dress to:	Attorney Docket No.	Attorney Docket No. P8228R						
	Add	iress to.	First Named Inventor	Andrew W.						
	Î	Mail Stop Reissue	Original Patent Number							

	First Named In	ventor	Andrew W. Martwick								
Mail Stop Reissue	Original Paten	t Number	6,418,498								
Commissioner for Patents	Original Paten										
P.O. Box 1450 Alexandria, VA 22313-1450	(Month/Day/Ye		July 9, 2002								
MICAGIUIIA, VM 44313-143U	Express Mail L	.abel No.	EL 962028706 US								
APPLICATION FOR REISSUE OF: (Check applicable box) Utility Pa	atent	Design Pater									
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPA	NYING APPLICATION P	ARTS							
Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification and Claims in double column copy of pate (amended, if appropriate) Drawing(s) (proposed amendments, if appropriate) Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) Power of Attorney	ent format	Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. Original Patent Grant Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 12. Foreign Priority Claim (35 U.S.C. 119) (if applicable) Information Disclosure Statement (IDS)/PTO-1449 Copies of ID Citations									
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) 37 CFR 3.73(b) Statement (PTO/SB/96) 8. CD-ROM or CD-R in duplicate, Computer Program (Applicate of the last application of the last appli		14. (if applic 15. Prelimina	Translation of Reissue Oath/Dec eable) ary Amendment Receipt Postcard (MPEP 503) be specifically itemized)	claration							
or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. Computer Readable Form (CFR) b. Specification Sequence Listing on:											
i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii ☐ paper											
c. Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS											
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Name	- "-										
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Name (Print/Type) Jeffrey B. Huter	Regis	stration No. (Atto	mey/Agent) 41,086								
Signature 1/1/3 2/4	-	Da	ate December 19, 2003								

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patentis, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEISSIE ADDITCATION EEE TOANSMITTAL EODM									Do	Docket Number (Optional) P8228R					
											- F0220N				
Claims as Filed – Part 1 (1) (2) (3) Small Entity												Other than a Small Entity			
	Claims in Patent	F	lumber Filed in Reissue Application		Number Extra				Fee				Rate	Fee	
Total Claims (37 CFR 1.16(j)) Independent claims	(A) 19	(B)		***	*			=					x\$=	• • •	
(37 CFR 1.16(i))	(C) 3	(D)		*	:	=	×\$	=				-	x \$=	 	
					Basic Fee (37 CFR 1.16(h)) \$								\$ 770.00		
					Total Filing Fee \$				\$				OR	\$ <u>770.00</u>	
				Cla	ims as Amer	ded	– Part 2								
	(1) Claims Remaining After Amendment		-		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity Rate Fee				Other than a Sr	mall Entity	
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Total Claims (37 CFR 1.16(j))	*** 34	ļ	MINUS	**	20	* :	= 14	x \$ _	=				x \$18 =	252	
Independent Claims (37 CFR 1.16(i))	*** 6		MINUS	****	3	=	3	x \$ _	=				x\$ <u>86</u> =	258	
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. *** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number															
Dogge	mhar 10, 2002							/	1/	1.	3	_/	1/15	-	
December 19, 2003 Date							Signature of Applicant, Attorney or Agent of Record								
ĺ	41,086							Jeffrey B. Huter							
Registration Number, if applicable							Typed or printed name								

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